

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908-5800

**APPLICATION FOR CERTIFICATION FOR EMPLOYEE LEASING COMPANIES  
AND/OR TEMPORARY HELP SERVICE COMPANY**

Pursuant to R.I.G.L. 44-30-71.1, beginning July 1, 1992 and each July thereafter, every "employee leasing company" defined as any person or entity engaged in providing employees to another entity under a contract or leasing agreement shall, as a condition of doing business in this state, be certified by the Division of Taxation that it has complied with the withholding provisions of Chapter 44-30 and the provisions relating to contributions under the Employment Security Act and Temporary Disabilities Act.

COMPLETE THE FOLLOWING

Business Name : \_\_\_\_\_

Business Address (No Post Office Box):  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different than above):  
\_\_\_\_\_  
\_\_\_\_\_

Federal Employer Identification #: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Department of Employment & Training Registration #: \_\_\_\_\_

Type of Business: [ ] SOLE OWNER [ ] PARTNERSHIP [ ] CORPORATION [ ] OTHER \_\_\_\_\_

If corporation, list corporate officers and addresses; If partnership, list partner's name and addresses; If sole proprietorship or other entity, list name(s) and addresses of principals:

Name	Title	Home Address	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How long have you been doing business in Rhode Island? \_\_\_\_\_

Do you have a business location in Rhode Island? [ ] YES [ ] NO

List business location(s) in Rhode Island: \_\_\_\_\_  
\_\_\_\_\_

Is the business registered in Rhode Island for withholding taxes? [ ] YES [ ] NO

Is the business registered with the Department of Employment and Training? [ ] YES [ ] NO

Where are your accounting records maintained? \_\_\_\_\_

(OVER)

List name(s) of parties responsible for remittance of Rhode Island withholding taxes:

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

SS# : \_\_\_\_\_

SS# : \_\_\_\_\_

Have you or any principals of the applicant company been associated with any other employee leasing firms in this state in the past six (6) years? [ ] YES [ ] NO

If YES, list the name(s) of the employee leasing firms which you or any other principals have been associated with:

\_\_\_\_\_  
\_\_\_\_\_

#### CONDITIONS

The applicant must maintain a current list of all firms to which it provides employees. The Division of Taxation may require that such list be attached to the application as a condition of certification.

The applicant agrees to make proper withholdings and contributions from its employees, to file returns, and make payment of all Rhode Island withholding tax and contributions under the Employment Security Act and Temporary Disabilities Act as required by law.

The applicant shall make its withholding and payroll records available immediately to the Division of Taxation upon request.

Additional information may be required to evaluate this application.

I HEREBY AGREE AND DECLARE UNDER PENALTIES OF PERJURY THAT THIS APPLICATION IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

I ALSO AGREE THAT ALL OUTSTANDING WITHHOLDING TAXES WILL BE PAID BY CERTIFIED CHECK OR MONEY ORDER BEFORE THE ISSUANCE OF A CERTIFICATE.

EMPLOYEE LEASING COMPANIES AND/OR TEMPORARY HELP SERVICE COMPANIES THAT HAVE NOT BEEN CERTIFIED BY THE DIVISION OF TAXATION FOR AT LEAST TWO (2) YEARS ARE REQUIRED TO POST A BOND IN THE AMOUNT OF FIFTY THOUSAND DOLLARS (\$50,000) EACH YEAR WITH SURETY TO INSURE THAT ALL WITHHOLDING AND OTHER TAXES DUE TO THE STATE ARE PAID.

Signature: \_\_\_\_\_  
(If corporation, must be signed by corporate officer)

Title: \_\_\_\_\_ Date: \_\_\_\_\_